

REVIEWED BY: L.D. Wright 2/17/81

10-6-80

Reviewed by (ASAC) John Anderson

EPA		POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT		REGION VI	SITE NUMBER (to be assigned by HQ) TX05177
GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.					
I. SITE IDENTIFICATION <u>TXD 050 293794</u>					
A. SITE NAME INTERNATIONAL GALVANIZERS		B. STREET (or other identifier) 500 Industry Rd.			
C. CITY Beaumont	D. STATE TX	E. ZIP CODE 77702	F. COUNTY NAME Jefferson		
G. SITE OPERATOR INFORMATION					
1. NAME Douglas Haydin, Vice President of Production				2. TELEPHONE NUMBER (713)842-0216	
3. STREET 500 Industry Road		4. CITY Beaumont		5. STATE Texas	6. ZIP CODE 77702
H. REALTY OWNER INFORMATION (if different from operator of site)					
1. NAME Bob Ransonette, Owner				2. TELEPHONE NUMBER (713)356-1497 (home)	
3. CITY Beaumont		4. STATE TX		5. ZIP CODE 77702	
I. SITE DESCRIPTION Steel galvanizing plant (photos 2,3,4) with underground waste storage tanks. Two surface impoundments were used to store waste in the past. (photos 5-9, 11, 13, 14)					
J. TYPE OF OWNERSHIP					
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE					
II. TENTATIVE DISPOSITION (complete this section last)					
A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.).		B. APPARENT SERIOUSNESS OF PROBLEM			
		<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE			
C. PREPARER INFORMATION					
1. NAME David Anderson		2. TELEPHONE NUMBER (214)742-4521		3. DATE (mo., day, & yr.) Sept. 9, 1980	
III. INSPECTION INFORMATION					
A. PRINCIPAL INSPECTOR INFORMATION					
1. NAME David Anderson		2. TITLE FIT Chemist Region VI			
3. ORGANIZATION Ecology and Environment, 1509 Main, Dallas, Texas 75201				4. TELEPHONE NO. (area code & no.) (214)742-4521	
B. INSPECTION PARTICIPANTS					
1. NAME		2. ORGANIZATION		3. TELEPHONE NO.	
Gene McDonald		Ecology & Environment, 1509 Main, Dallas, TX 75201		(214)742-4521	
C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)					
1. NAME		2. TITLE & TELEPHONE NO.		3. ADDRESS	
Bob Ransonette		Owner (713)356-1497		500 Industry Rd., Beaumont, TX 77702	
Douglas Haydon		Vice President of Prod. (713)842-0216		500 Industry Rd., Beaumont, TX 77702	
David Boyd Dean		(713)842-0216		500 Industry Rd., Beaumont, TX 77702	
SUPERFUND FILE					
DEC 31 1992					
REORGANIZED					

Continued From Front

III. INSPECTION INFORMATION (continued)			
D. GENERATOR INFORMATION (source of waste)			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
International Galvanizers	(713)842-0216	500 Industry Rd., Beaumont, TX 77702	Liquid chemicals
E. TRANSPORTER/HAULER INFORMATION			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Allstate Vacuum Tank	(713)485-4441	4901 Shank Rd., Pearless, TX	Liquid chemicals
F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	
Harris County Sewage Treatment Plant	(713)452-1470	100 Japhett St., Houston, TX	
G. DATE OF INSPECTION	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)	
8/19/80	9:00 a.m.	<input checked="" type="checkbox"/> 1. PERMISSION <input type="checkbox"/> 2. WARRANT	
J. WEATHER (describe)			
Partly cloudy, 80°F			
IV. SAMPLING INFORMATION			
A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.			
1. SAMPLE TYPE	2. SAMPLE TAKEN (see 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER		No Samples Taken	
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			
B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)			
1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS	
No measurements taken			

IV. SAMPLING INFORMATION (continued)			
C. PHOTOS 1. TYPE OF PHOTOS <input checked="" type="checkbox"/> a. GROUND <input type="checkbox"/> b. AERIAL		2. PHOTOS IN CUSTODY OF: EPA Region VI See attachments	
D. SITE MAPPED? <input checked="" type="checkbox"/> YES. SPECIFY LOCATION OF MAPS: See attached map and sketch			
E. COORDINATES 1. LATITUDE (deg.-min.-sec.) 29°59'43" N		2. LONGITUDE (deg.-min.-sec.) 94°11'43" W	
V. SITE INFORMATION			
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):			
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 3479			
C. AREA OF SITE (in acres) 10		D. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Plant building and office	
VI. CHARACTERIZATION OF SITE ACTIVITY			
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.			
<input checked="" type="checkbox"/> A. TRANSPORTER <input checked="" type="checkbox"/> 1. RAIL <input type="checkbox"/> 2. SHIP <input type="checkbox"/> 3. BARGE <input checked="" type="checkbox"/> 4. TRUCK <input type="checkbox"/> 5. PIPELINE <input type="checkbox"/> 6. OTHER (specify): Allstate Vacuum truck transports waste from site to disposer.	<input checked="" type="checkbox"/> B. STORER <input type="checkbox"/> 1. PILE <input checked="" type="checkbox"/> 2. SURFACE IMPOUNDMENT <input type="checkbox"/> 3. DRUMS <input type="checkbox"/> 4. TANK, ABOVE GROUND <input checked="" type="checkbox"/> 5. TANK, BELOW GROUND <input type="checkbox"/> 6. OTHER (specify): Wastes currently generated are stored in underground tanks. According to owner, surface impoundments have not been used to store wastes for past 8 years. They currently contain rainwater. Water in one of the ponds is slightly discolored.	<input type="checkbox"/> C. TREATER <input type="checkbox"/> 1. FILTRATION <input type="checkbox"/> 2. INCINERATION <input type="checkbox"/> 3. VOLUME REDUCTION <input type="checkbox"/> 4. RECYCLING/RECOVERY <input type="checkbox"/> 5. CHEM./PHYS./TREATMENT <input type="checkbox"/> 6. BIOLOGICAL TREATMENT <input type="checkbox"/> 7. WASTE OIL REPROCESSING <input type="checkbox"/> 8. SOLVENT RECOVERY <input type="checkbox"/> 9. OTHER (specify):	<input type="checkbox"/> D. DISPOSER <input type="checkbox"/> 1. LANDFILL <input type="checkbox"/> 2. LANDFARM <input type="checkbox"/> 3. OPEN DUMP <input type="checkbox"/> 4. SURFACE IMPOUNDMENT <input type="checkbox"/> 5. MIDNIGHT DUMPING <input type="checkbox"/> 6. INCINERATION <input type="checkbox"/> 7. UNDERGROUND INJECTION <input type="checkbox"/> 8. OTHER (specify):
E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..			
<input checked="" type="checkbox"/> 1. STORAGE <input type="checkbox"/> 2. INCINERATION <input type="checkbox"/> 3. LANDFILL <input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT <input type="checkbox"/> 5. DEEP WELL <input type="checkbox"/> 6. CHEM/BIO/PHYS TREATMENT <input type="checkbox"/> 7. LANDFARM <input type="checkbox"/> 8. OPEN DUMP <input type="checkbox"/> 9. TRANSPORTER <input type="checkbox"/> 10. RECYCLOR/RECLAIMER			
VII. WASTE RELATED INFORMATION			
A. WASTE TYPE <input checked="" type="checkbox"/> 1. LIQUID <input type="checkbox"/> 2. SOLID <input type="checkbox"/> 3. SLUDGE <input type="checkbox"/> 4. GAS			
B. WASTE CHARACTERISTICS <input checked="" type="checkbox"/> 1. CORROSIVE <input type="checkbox"/> 2. IGNITABLE <input type="checkbox"/> 3. RADIOACTIVE <input type="checkbox"/> 4. HIGHLY VOLATILE <input checked="" type="checkbox"/> 5. TOXIC <input type="checkbox"/> 6. REACTIVE <input type="checkbox"/> 7. INERT <input type="checkbox"/> 8. FLAMMABLE <input type="checkbox"/> 9. OTHER (specify):			
C. WASTE CATEGORIES 1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. Records of shipments of waste are available at International Galvanizers office.			

WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE
(1) PAINT, PIGMENTS		(1) OILY WASTES		(1) HALOGENATED SOLVENTS		(1) ACIDS		(1) FLYASH		(1) LABORATORY, PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMELTING WASTES		(4) MUNICIPAL	
(5) OTHER(specify):						(5) DYES/INKS		(5) NON-FERROUS SMELTING WASTES		(5) OTHER(specify):	
						(6) CYANIDE		(6) OTHER(specify):			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER(specify):					
						Ferrous Sulfate					

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
Metals (steel constituents)		X				X		None	Total amt. of all wastes generated	
Sulfuric Acid (spent)		X				X		7664-93-9	25,000 gal. per month	
Ferrous Sulfate		X				X		7220-78-7	No individual breakdown is available.	

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☐ D. CONTAMINATION OF WATER SUPPLY☐ E. CONTAMINATION OF FOOD CHAIN☐ F. CONTAMINATION OF GROUND WATER☐ G. CONTAMINATION OF SURFACE WATER

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT PUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	20	20	5	1 Mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	300	300	15	1 Mile
3. IN PUBLICLY TRAVELLED AREAS	10000	10000	0	1/2 Mile
4. PUBLIC USE AREAS (parks, schools, etc.)	0	0	0	1 Mile

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) Less than 15 ft.	B. DIRECTION OF FLOW SE	C. GROUNDWATER USE IN VICINITY None
D. POTENTIAL YIELD OF AQUIFER Unknown NO INFO AVAILABLE FROM USGS	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) 13 Miles	F. DIRECTION TO DRINKING WATER SUPPLY NNE
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS <input checked="" type="checkbox"/> 2. COMMUNITY (specify town): <u>Beaumont (Lower Neches Valley Authority, Neches River)</u>		
<input checked="" type="checkbox"/> 3. SURFACE WATER <input type="checkbox"/> 4. WELL		

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

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X. WATER AND HYDROLOGICAL DATA (continued)				
H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE				
1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
NONE				

I. RECEIVING WATER				
1. NAME Sabine Neches Canal		<input type="checkbox"/> 2. SEWERS	<input checked="" type="checkbox"/> 3. STREAMS/RIVERS	
		<input type="checkbox"/> 4. LAKES/RESERVOIRS	<input type="checkbox"/> 5. OTHER (specify):	
6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS				
0703 Classification				
Noncontact recreation and fish and wildlife propagation.				

XI. SOIL AND VEGETATION DATA				
LOCATION OF SITE IS IN:				
<input type="checkbox"/> A. KNOWN FAULT ZONE	<input type="checkbox"/> B. KARST ZONE	<input type="checkbox"/> C. 100 YEAR FLOOD PLAIN	<input type="checkbox"/> D. WETLAND	
<input type="checkbox"/> E. A REGULATED FLOODWAY	<input type="checkbox"/> F. CRITICAL HABITAT	<input type="checkbox"/> G. RECHARGE ZONE OR SOLE SOURCE AQUIFER		
XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED				
Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.				
<input checked="" type="checkbox"/> A. COVERED	<input checked="" type="checkbox"/> B. BEDROCK (specify below)	<input checked="" type="checkbox"/> C. OTHER (specify below)		
1. SAND				
X 2. CLAY	X BEAUMONT FORMATION			
3. GRAVEL				
XIII. SOIL PERMEABILITY				
<input type="checkbox"/> A. UNKNOWN	<input type="checkbox"/> B. VERY HIGH (100,000 to 1000 cm/sec.)	<input type="checkbox"/> C. HIGH (1000 to 10 cm/sec.)		
<input type="checkbox"/> D. MODERATE (10 to .1 cm/sec.)	<input checked="" type="checkbox"/> E. LOW (.1 to .001 cm/sec.)	<input type="checkbox"/> F. VERY LOW (.001 to .00001 cm/sec.)		
G. RECHARGE AREA				
<input type="checkbox"/> 1. YES	<input checked="" type="checkbox"/> 2. NO	3. COMMENTS:		
H. DISCHARGE AREA				
<input type="checkbox"/> 1. YES	<input checked="" type="checkbox"/> 2. NO	3. COMMENTS:		
I. SLOPE				
1. ESTIMATE % OF SLOPE		2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.		
3 %		Slopes to SE, grassy slope		
J. OTHER GEOLOGICAL DATA				

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, year)	E. EXPIRATION DATE (mo., day, year)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UNKNOWN
State	TDWR	Registration 30568	5/18/80	None	X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

Company was fined for a fish kill approximately 10 years ago. (Information obtained from TDWR District 6)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. TYPE OF IMPOUNDMENT

Earthen

2. STABILITY/CONDITION OF EMBANKMENTS

Embankments in good condition

3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)

☐ YES ☒ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE

☐ YES ☒ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT

☐ YES ☒ NO No wastes are stored in surface impoundments.

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT

☐ YES ☒ NO N/A

7. IMPOUNDMENT HAS LINER SYSTEM

☐ YES ☒ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED

☐ YES ☒ NO N/A

7b. FINDINGS

N/A

8. SOIL STRUCTURE AND SUBSTRUCTURE

Clay soil

9. MONITORING WELLS

☐ YES ☒ NO

10. LENGTH, WIDTH, AND DEPTH See sketch for dimensions of impoundments

LENGTH WIDTH DEPTH 7 ft. (dikes built up 3 ft. above ground level)

11. CALCULATED VOLUMETRIC CAPACITY

3 Million Gallons

12. PERCENT OF CAPACITY REMAINING

43%

13. ESTIMATE FREEBOARD

3 ft.

14. SOLIDS DEPOSITION

☐ YES ☒ NO

15. DREDGING DISPOSAL METHOD

N/A

16. OTHER EQUIPMENT

STORAGE FACILITIES SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE

☐ YES ☒ NO

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE

☐ YES ☒ NO

3. EVIDENCE OF LEAKAGE/OVERFLOW (If "Yes", document where and how much runoff is overflowing or leaking from containment)

☐ YES ☒ NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS

None

5. GLASS OR PLASTIC STORAGE CONTAINERS USED

☐ YES ☒ NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS

One. 12,000 gallon underground tank.

7. NOTE LABELING ON CONTAINERS

N/A

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS (If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS.)

☐ YES ☒ NO

9. DIRECT VENTING OF STORAGE TANKS

☒ YES ☐ NO

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

☐ YES ☒ NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY (If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)

☐ YES ☒ NO

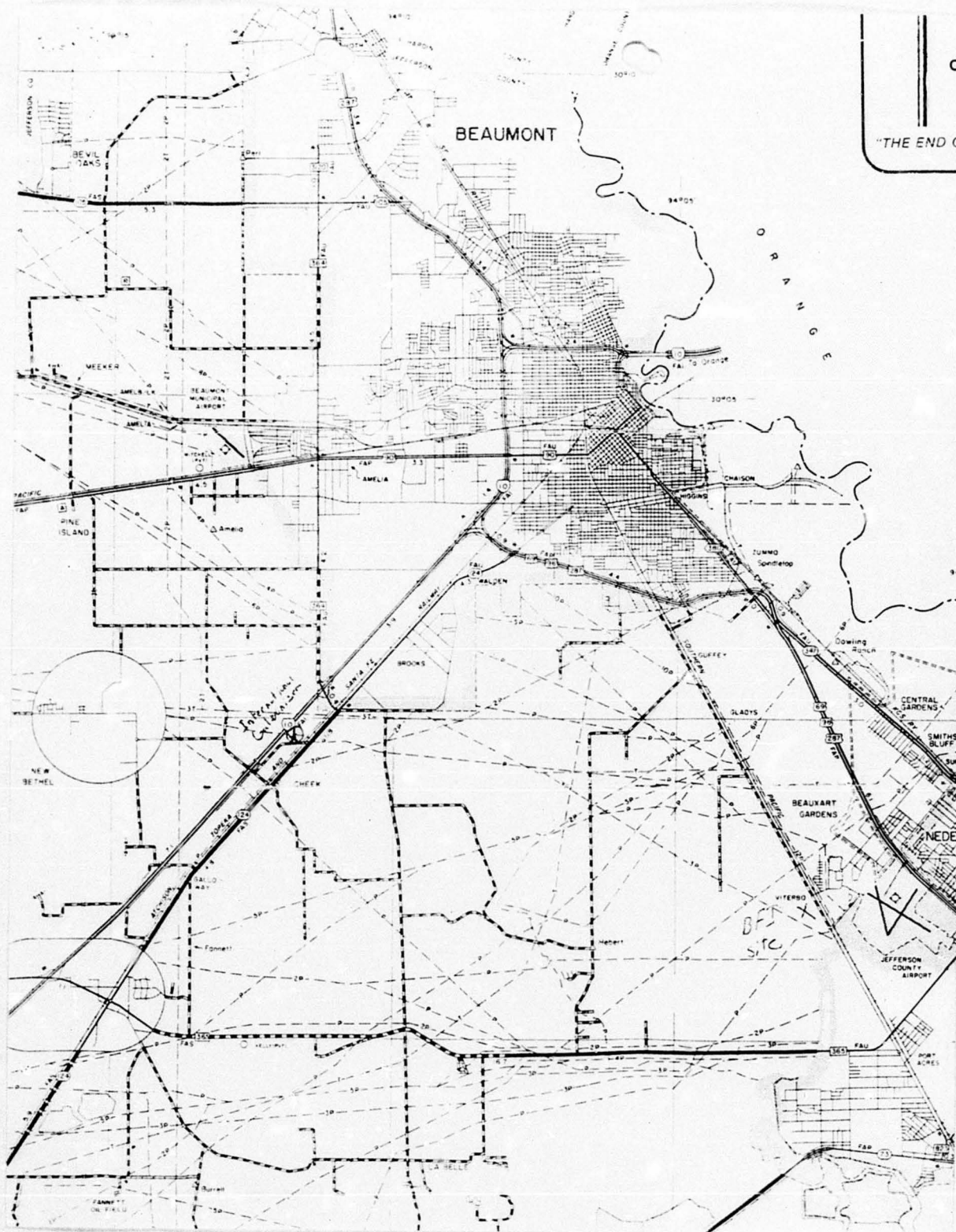
12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES

☐ YES ☐ NO N/A

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS

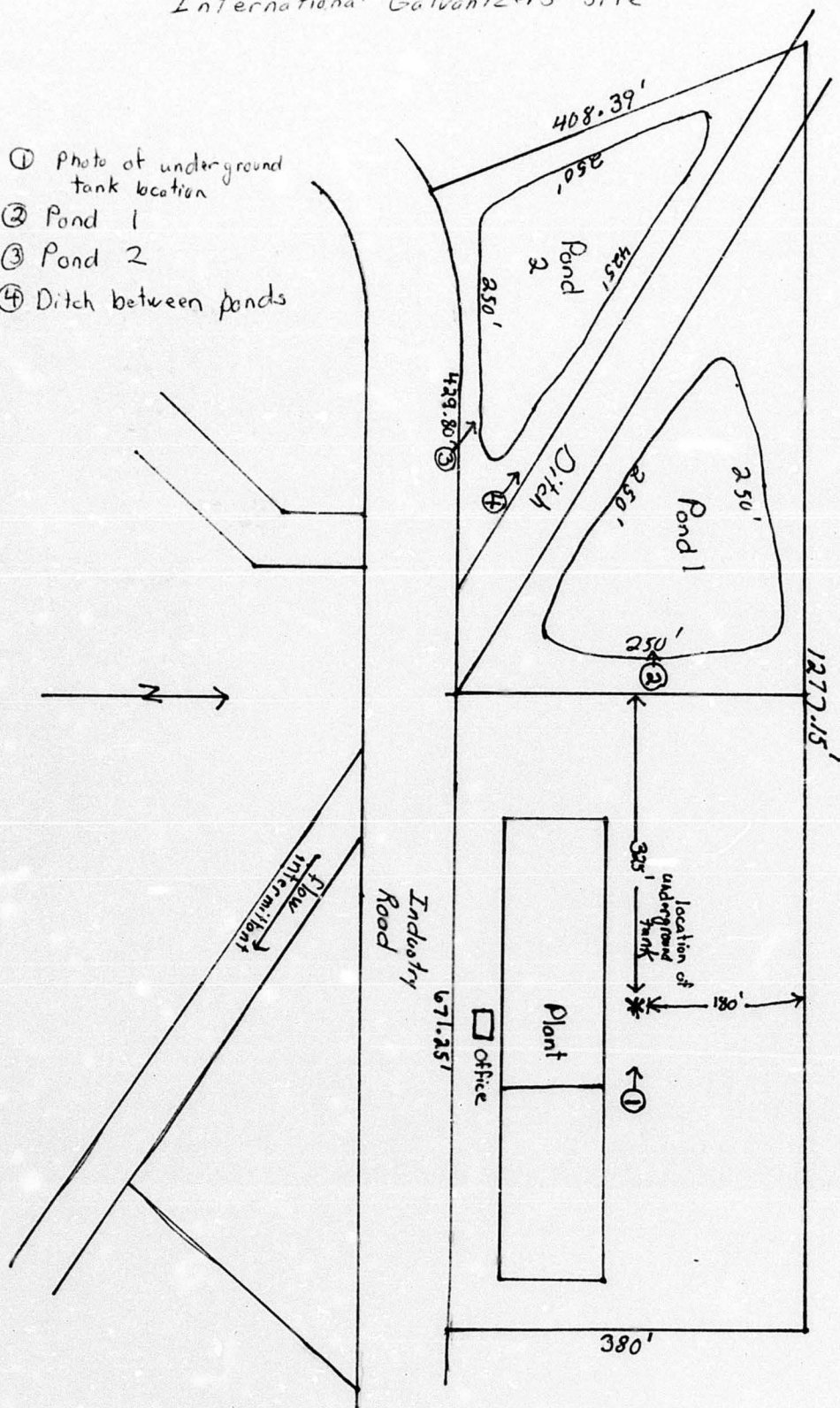
☐ YES ☐ NO N/A

"THE END O



International Galvanizers Site

- ① Photo of underground tank location
- ② Pond 1
- ③ Pond 2
- ④ Ditch between ponds





Photographer / Witness

David Anderson / Gene McDonald

Date / Time / Direction

8-19-80 / 1010 / W

Comments: photos 2, 3, & 4

underground tank location
from truck loading & site

International Galvanizers

Photographer / Witness

Date / Time / Direction

Comments: _____

Photographer / Witness

Date / Time / Direction

Comments: _____





Photographer / Witness

David Anderson / Gene McDonald

Date / Time / Direction

8-19-80 / 1015 / W

Comments: photos 5,6,7,8,9

Pond 1 on In, NE of
ditch on site, International
Galvanizers

Photographer / Witness

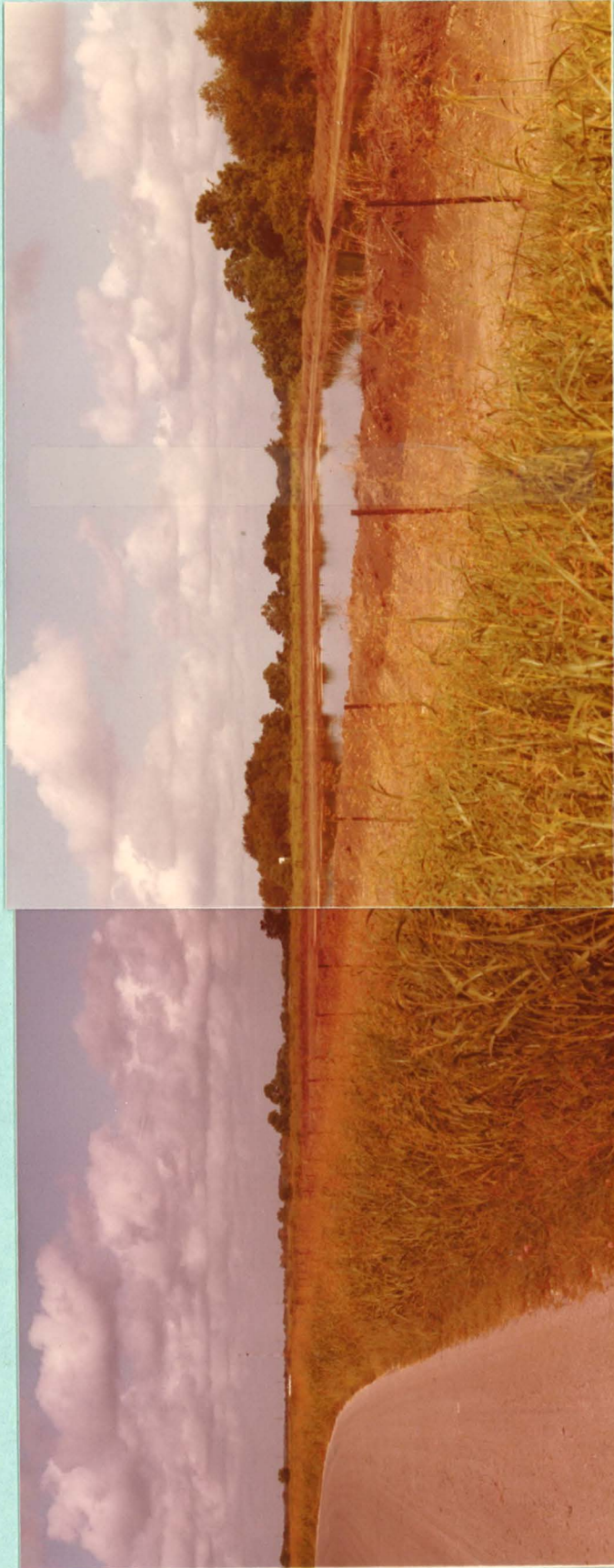
Date / Time / Direction

Comments: _____

Photographer / Witness

Date / Time / Direction

Comments: _____



Photographer / Witness

David Anderson / Gene McDonald

Date / Time / Direction

8-19-80 / 1030 / NW

Comments: photos 11, 13, 14

Pond 2, SW of Ditch

International Galvanizers

Photographer / Witness

Date / Time / Direction

Comments: _____

Photographer / Witness

Date / Time / Direction

Comments: _____



Photographer / Witness

David Anderson / Gene McDonald

Date / Time / Direction

8-19-80 / 1040 / NW

Comments: photo #15

Gully between the two
ponds. International

Galvanizers

Photographer / Witness

Date / Time / Direction

Comments: _____

Photographer / Witness

Date / Time / Direction

Comments: _____